

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/530253

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3	/		/				53						
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49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	3	↓	3	↓		↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	5		5				TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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